

ABSTRACTS

Bleeding disorders and periodontology

Vassilopoulos, P., Palcanis, K.

Delivery of patient care encompasses a wide range and variety of challenges, one of which is unexpected clinical bleeding. Clinical bleeding can be presented in two forms: the first can occur during surgery; and the second can manifest several days after the procedure. In both situations, the clinician will need to take immediate action to control the haemorrhage and stabilise the patient. The present article will review bleeding disorders and their management. The discussion will address the following issues:

- significance of bleeding disorders in the treatment of periodontal disease;
- prevalence of bleeding disorders;
- basic physiology of haemostasis;
- classification and definition;
- medical diagnosis;
- management of periodontal patients with bleeding disorders; and
- current concepts and new approaches in treating periodontal patients with bleeding disorders.

Periodontology 2000 2007; 44 (1): 211.

Success rate of mini- and micro-implants used for orthodontic anchorage: a prospective clinical study

Wiechmann, D., Meyer, U., Büchter, D.

Objectives

Whereas micro-implants have become a useful alternative as orthodontic anchorage elements in orthodontics, less is known about the clinical effectiveness of micro-implants. The aim of this prospective clinical study was to evaluate the success rate of micro-implants used for orthodontic anchorage.

Material and methods

A total of 133 mini-implants (79 Abso Anchor, 54 Dual Top implants), placed in 49 patients to support orthodontic tooth movements, were examined in the study. The majority of the implants were placed in the maxilla (82), followed by the vestibular (42) and lingual (nine) aspect of the mandible.

Results

An overall cumulative survival rate of 86.8% (102/133) was found by Kaplan-Meier analysis. The failure rate between Dual Top implants (13%) and Abso Anchor implants (30.4%) differed significantly ($P=0.0196$; log-rank test). The cumulative failure rate of implants was found to be significantly higher when implants were placed in the lingual aspect of the mandible compared with the other localisations ($P=0.0011$; log-rank test). Clinical evaluation revealed successful dental movements when implants remained stable during the orthodontic therapy.

Conclusions

The present results confirm the effectiveness of orthodontic micro-implants used as anchorage elements.

Clin Oral Impl Res 2007; 18: 263-267.

Does prophylactic administration of systemic antibiotics prevent postoperative inflammatory complications after third molar surgery?

Halpern, L.R., Dodson, T.B.

Purpose

To estimate and compare the frequencies of inflammatory complications after third molar (M3) surgery in subjects receiving intravenous prophylactic antibiotics or saline placebo.

Materials and methods

Using a placebo-controlled, double-blind, randomised clinical trial, the investigators enrolled a sample composed of subjects who required extraction of at least one impacted M3 and requested intravenous sedation or general anaesthesia. The predictor variable was treatment group classified as active treatment (penicillin or clindamycin for penicillin-allergic subjects) or placebo (0.9% saline). Study medications were randomly assigned. Both surgeon and subject were blinded to treatment assignment. The medication was administered intravenously prior to any incision. The outcome variable was postoperative inflammatory complication, classified as present or absent, and included alveolar osteitis (AO) or surgical site infection (SSI). Other variables were demographic, anatomic or operative. Descriptive and bivariate statistics were computed. Statistical significance was set at $P \leq 0.05$, single-tailed test of hypothesis.

Results

The sample was composed of 118 subjects ($n=59$ per study group). In the active treatment group, there were no postoperative inflammatory complications. In the placebo group, five subjects (8.5%) were diagnosed with SSI ($P=0.03$). No subject met the case definition for AO. All SSIs were associated with the removal of partial bony or full bony impacted mandibular M3s.

Conclusion

In the setting of third molar removal, these results suggest that the use of intravenous antibiotics administered prophylactically decreases the frequency of SSIs. The authors cannot comment on the efficacy of intravenous antibiotics in comparison to other antibacterial treatment regimens, e.g., chlorhexidine mouth rinse or intrasocket antibiotics.

Journal of Oral and Maxillofacial Surgery 2007; 65 (2): 177-185.

'Inadequate' dietary habits and mastication in elderly men

Liedberg, B., Stoltze, K., Norlén, P., Öwall, B.

Objective

The aim of this study was to re-evaluate data about oral status, mastication and nutrition in elderly men in Malmö, Sweden, recorded in 1985-1987, to assess associations between inadequate dietary habits, oral conditions and masticatory function.

Materials and methods

A total of 481 men, aged 67-68, participated in a comprehensive health examination, including tooth and denture status and masticatory tests. A separate study of dietary habits and nutritional status was made. A total of 95 men had inadequate dietary habits. The databases of dental/denture status, mastication, nutritional status and social network factors were re-evaluated for assessment of associations.

Results

No significant differences between those with adequate or inadequate nutrition were found with regard to the number of teeth, occlusal contacts or removable dentures. Also, self-assessed chewing did not show any differences.

Conclusion

Inadequate dietary habits were independent of teeth and denture status. Some correlations to social network conditions could be identified. Overweight, obesity, low physical activity and high alcohol intake were more common among those with inadequate nutritional intake.

Gerodontology 2007; 24; 41-46.

Answers to Summer Quiz on page 106.

1. The clinical photograph shows a palatal swelling with non-healing extraction sockets with an associated palatal swelling. The radiolucency which is ill-defined uncorticated and has greatly increased in size.
 2. Giant cell lesion. Langerhans cell disease (Histiocytosis X).
 3. Ameloblastoma. Squamous cell carcinoma.
- Treatment would likely require local resection, radiotherapy and reconstruction with bone grafting and implants placement.